

# Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Citizens For Don Blakey		
Account Number:	*****	Date of this Report:	05/16/2008
Reporting Period Start:	01/01/2008	Reporting Period End:	08/10/2008
Office:	State House Of Representative	ves - District 34	
Check the box that applies to	this report:		
	on process in the State of Delaware. I un	? ?	
periorm un audit of an imormati	on provided on this report.		
TREASURER SIGNATURE		DATE	

DATE

CANDIDATE SIGNATURE



# STATEMENT OF ACCOUNT BALANCE

Ac	count Number:	*****	Reporting Period:	01/01/2008 FROM	08/10/2008 TO
1.	BEGINNING BALAN	NCE (Ending Balance from	n last reporting period)	_	\$5,396.00
2.	RECEIPTS:				
	A. SCHEDULE A - T	OTAL RECEIPTS		_	\$4,650.00
	B. SCHEDULE C-1 -	TOTAL IN-KIND RECEI	PTS	_	\$0.00
	C. SCHEDULE D-1 -	TOTAL LOANS RECEIV	TED	_	\$0.00
	D. SCHEDULE E - T	OTAL EXPENSE REIMBI	URSEMENTS RECEIVED	_	\$0.00
	E. SUBTOTAL (Total	of A,B,C,D)		_	\$4,650.00
3.	EXPENDITURES:				
	F. SCHEDULE B - TO	OTAL EXPENDITURES		_	\$1,538.75
	G. SCHEDULE C-2 -	TOTAL IN-KIND EXPEN	NDITURES	_	\$0.00
	H. SCHEDULE D-2 -	TOTAL LOAN PAYMEN	TS	_	\$0.00
	I. SCHEDULE E - TO	OTAL EXPENSE REIMBU	JRSEMENTS PAID	_	\$0.00
	J. SUBTOTAL (Total	of F,G,H,I)		_	\$1,538.75
4.	ENDING BALANCE	(Beginning Balance plus 2	2E minus 3J)	_	\$8,507.25
5.	VALUE OF NON-CA	SH ASSETS (From Sched	ule F)	_	\$0.00
6.	VALUE OF DISPOSE	ED/TRANSFERRED ASSI	ETS (From Schedule G)	_	\$0.00
7.	VALUE OF LOANS A	AT END OF PERIOD (Loa	an Balance From Schedule D-2)	_	\$0.00
8.	CLOSE OUT BALAN	NCE (Must equal zero if co	ommittee closed)	_	\$8,507.25



#### **SCHEDULE A - TOTAL RECEIPTS**

Account Number:	*****	Reporting Period:	01/01/2008	08/10/2008
	<u> </u>		FROM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

#### **RECEIPTS IN EXCESS OF \$100:**

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
01/09/2008	Exxon Mobile Corp	3225 Gallows Rd Fairfax, VA 22037	\$200.00	\$200.00
01/09/2008	Sunoco Inc.	1735 Market St. Suite LL Philiadelphia, PA 19103	\$200.00	\$200.00
03/29/2008	Delaware Assoication of Realtors	134 East Water St. Dover, DE 19901	\$200.00	\$200.00
04/16/2008	Delaware Racing Association	777 Delaware Park Blvd Wilmington, DE 19804	\$600.00	\$600.00
04/16/2008	Delaware Standardbred Owner's Ass.	830 Walker Square Dover, DE 19904	\$150.00	\$150.00
04/16/2008	Delaware Automobile & Truck Dealers Inc.	Delaware	\$200.00	\$200.00
04/16/2008	Cecilia & Bryan Cochran	2206 Elmfield Rd. Wilmington, DE 19810	\$100.00	\$100.00
04/16/2008	Non-partisan Citizens for Business Expansion	Delaware	\$600.00	\$600.00
04/16/2008	Delaware Citizens for Economic Development	Delaware	\$600.00	\$600.00
04/16/2008	Chiropractor Society	Delaware	\$200.00	\$200.00
04/16/2008	Delaware Thoroughbred Horseman's Association	777 Delaware Park Blvd Wilmington, DE 19804	\$150.00	\$150.00
04/17/2008	Wilmington Trust Corp	Rodney Square North, 1100 N Market St. Wilmington, DE. 19890	\$200.00	\$200.00
04/17/2008	Delaware Association of Realtors	134 East Water St. Dover, DE 19901	\$200.00	\$200.00
04/17/2008	A.I.A Delaware PAC	PO Box 521 Odessa DE 19730	\$100.00	\$100.00

04/24/2008	Bank of America Corp	600 Peachtree St. N.E. Atlanta, GA 20308	\$200.00	\$200.00	
04/25/2008	David S. Swayze	155 Christiana Landing Drive Wilmington, DE 19801	\$100.00	\$100.00	
05/12/2008	FSMHA PAC	PO 1829 Dover, DE 19903	\$200.00	\$200.00	
TOTAL RECEIPTS IN	TOTAL RECEIPTS IN EXCESS OF \$100				
TOTAL RECEIPTS NO	TOTAL RECEIPTS NOT IN EXCESS OF \$100				
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$4,650.00	



## **SCHEDULE B - TOTAL EXPENDITURES**

Account Number:	*****	Reporting Period:	01/01/2008	08/10/2008	
			FROM	ТО	
Itemize all expenditures over \$100 for the r	eporting period. All expenditures to Politi	cal Committees must be itemized, regardless of the amo	ount. NOTE: IF you expend funds to the sar	ne person or organization several times	
during the reporting period, each item must	be listed if the <b>aggregate</b> amount is over S	S100, even if the individual amounts are not.			

## **EXPENDITURES IN EXCESS OF \$100:**

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
01/09/2008	USPS	Camden, Wyoming, DE 19934	\$260.25	\$260.25
02/19/2008	USPS	Camden, Wyoming, DE 19934	\$301.00	\$301.00
04/08/2008	USPS	Camden, Wyoming, DE 19934	\$260.00	\$260.00
04/16/2008	Lobby House	9 East Loockerman St. Dover, 19901	\$217.50	\$217.50
04/16/2008	HRCC	Legislative Hall, Dover	\$500.00	\$500.00
TOTAL EXPENDITURE	S IN EXCESS OF \$100			\$1,538.75
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$1,538.75



#### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	01/01/2008 FROM	08/10/2008 	
luring the reporting period, each it		et value in excess of \$100 for the reporting period. NOTE is over \$100, even if the individual amounts are not.	E: If you receive in-kind contributions from the sam	ne person or organization several tin	
(NOTE: ESTIMATED VALUE I		LESS ANY PAYMENTS YOU MADE FOR THE GO	·		
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received	
TOTAL CONTRIBUTION	NS IN EXCESS OF \$100				
TOTAL CONTRIBUTION	NS NOT IN EXCESS OF \$100				
GRAND TOTAL RECEIP (TOTAL SHOULD ALSO		ENT OF ACCOUNT BALANCE, ITEM 2B)			

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## SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	Reporting Period:	01/01/2008 FROM	08/10/2008 TO
	ended at no charge or less than fair market va	lue in excess of \$100 for the reporting period. NOTE: I even if the individual amounts are not.	If you pay in-kind expenditures to the same person or	organization several times during t
IN-KIND EXPENDITURE (NOTE: ESTIMATED VALUE F		ESS ANY PAYMENTS YOU RECEIVED FOR TH	E GOODS OR SERVICES)	
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
Ì				İ
Î				İ
				İ
TOTAL EXPENDITURES	IN EXCESS OF \$100			
TOTAL EXPENDITURES	NOT IN EXCESS OF \$100			
GRAND TOTAL EXPEND (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 3G)		

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## **SCHEDULE D-1 - LOANS RECEIVED**

Account Number:	*****	Reporting Period:	01/01/2008 FROM		08/10/2008 TO		
All loans in excess of \$50 <b>RECEIVED DURING THIS REPORTING PERIOD</b> should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.							
LOANS RECEIVED IN EXCE	ESS OF \$50:						
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received		
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)							



#### **SCHEDULE D-2 - LOANS**

Reporting Period:

01/01/2008

Account Number:

\*\*\*\*\*

TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)

					FROM		ТО
all outstanding loans in exce	ess of \$50 must be listed. This inclu	des loans from Lending Institutions, Candida	tes Personal Funds and Other Cor	ntributors.			
LOANS IN EXCESS (	OF \$50:						
Date Rec'd	Lender	Endorser	Description	Int Rate	Orig. Loan Amt	Payments Made	Balance
					1		
					1		
TOTAL LOANS (TOTAL PAYMENTS	MADE SHOULD ALSO A	PPEAR ON PAGE 2. STATEMENT	COFACCT BALANCE IT	гем зн			

08/10/2008



### SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number:	*****	Reporting Period:	01/01/2008 FROM		08/10/2008 	
All expense reimbursements receive	d by you and paid by you must be itemized.					
REIMBURSEMENTS REC	EIVED (Monies paid to you as reim	bursements for expenses you incurred.)				
Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursement	
	TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					
REIMBURSEMENTS PAID	(Monies paid by you to reimburse	others for expenses they incurred.)				

Date Paid Payee Description of Activity

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSE (TOTAL SHOULD AI					

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# SCHEDULE F - NON-CASH ASSETS

Account Number:	*****	Reporting Period:	01/01/2008 FROM	08/10/2008 TO
Itemize all non-cash assets owned	by the organization including those paid for by the organization	tion, lent to the organization and contributed	d to the organization.	
LIST ALL NON-CASH A	SSETS			
Date Received	Description of Asset	Locatio	on of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO	APPEAR ON PAGE 2, STATEMENT OF ACC	COUNT BALANCE, ITEM 5.)		

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# SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	*****	Reporting Period:	01/01/2008 FROM	08/10/2008 				
Itemize all non-cash assets dispo	sed of, transferred or sold by the organization during the re	porting period.						
LIST ALL ELIMINATED ASSETS								
Date Eliminated	Description of Asset		Disposition of Asset	Value Received				
TOTAL ASSETS ELIMI (TOTAL SHOULD ALSO	NATED O APPEAR ON PAGE 2, STATEMENT OF AC	CCOUNT BALANCE, ITEM 6.)						